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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/705,618 Filing Date TRANSMITTAL November 10, 2003 First Named Inventor **FORM** Lynn E. SPITLER Art Unit 1643 (to be used for all correspondence after initial filing) **Examiner Name** D. Humphrey Attorney Docket Number Total Number of Pages in This Submission 20 204372000902 ENCLOSURES (Check all that apply) Fee Transmittal Form (1 page, plus After Allowance Communication Drawing(s) to TC duplicate) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x Amendment/Reply (11 pages) (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information **Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please x Extension of Time Request (1 page) Terminal Disclaimer Identify below): PTO/SB/08a/b Form (1 page, plus Express Abandonment Request Request for Refund duplicate); Cited References (5 total); Return Receipt Postcard Supplemental Information CD, Number of CD(s) Disclosure Statement (3 pages) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application **CUSTOMER NO. 25225** Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON & FOERSTER LLP faeuda Mallach Signature Printed name Brenda J. Wallach Reg. No. Date 45.193 May 25, 2006

I hereby certify that this correspondence is being deposited with the U.S. Postal Service envelope addressed to: MS Amendment Commissioner for Patents, P.O. Box 1450, Al Dated: May 25, 2006 Signature: (Germaine Safda)	e as Express Mail, Airbill No. EV743886357US, in an lexandria, VA 22313-1450, on the date shown below.
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work Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/705,618 Application Number FEE TRANSMITTAL November 10, 2003 Filing Date For FY 2006 Lynn SPITLER First Named Inventor **Examiner Name** D. Humphrey Applicant claims small entity status. See 37 CFR 1.27 1643 Art Unit 204372000902 TOTAL AMOUNT OF PAYMENT 430.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check Morrison & Foerster LLP x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES FILING FEES Small Entity** Small Entity Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 65 100 130 Design 200 100 50 200 100 300 150 160 80 Plant Reissue 150 500 250 600 300 100 0 0 0 200 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 180 Multiple dependent claims **360 Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee Paid (\$) 1 x 25.00 = Fee Paid (\$) Fee (\$)

HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)	_			
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3. APPLICATION	I SIZE FEE							
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Extra Sheets

(round up to a whole number) x - 100 ≂ Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00 2252 Extension for response within second month 225.00

SUBMIT	TED BY				
Signature	breude ANa	Registration No. (Attorney/Agent)	45,193	Telephone	(858) 720-7961
Name (P	rint/Type) Brenda J. Wallach			Date	May 25, 2006